2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

05 JUN -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #V72994 SERVICE #

1. Entity Name
NEWLIFE TREE [redacted] & LANDSCAPING, INC

Principal Place of Business	Mailing Address
216 N.W. 107 th AVENUE PEMBROKE PINES, FL 33026	SAME AS (1)

2. Principal Place of Business	3. Mailing Address
216 NW 107 AVE	SAME AS (2)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33026 / Country	Zip / Country

05-03-05 90093 046 $150.00
1st MOORE CR2E034 (10/04)

4. FEI Number: 65-0364907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JESSIE MERCHANT 216 N.W. 107 th AVENUE PEMBROKE PINES, FL 33026	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JESSIE MERCHANT 216 N.W. 107 AVENUE PEMBROKE PINES, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D IVY MARCHANT 16547 RUBY LAKE WESTON, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JESSIE J. MERCHANT 4/26/05 954 444-36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR